KanCare Educational Tour, July 30-Aug. 2
Consumer Questions and Answers from Topeka, Leavenworth, Fort Scott and Overland Park
Total Run Time: 59:56

Gary Gaulmark—Topeka
Okay, let's just start and go through this. Can I still get rides for uh, to Kansas City for appointments? Yes. That is not going to change.

Um, every example said that the beneficiary would be able to see their current provider. How can you be so sure? Will every provider be in every network? Um, hopefully. We are encouraging every Medicaid provider to uh, sign up or contract with all three MCOs. That is certainly our hope. We cannot, I'm sure you can understand this; we can't twist someone's arm, a provider's arm to be in a particular network. But we are encouraging them to be in each network. And we are encouraging the MCOs to sign up each current Medicaid provider.

What if all of my providers are not in the same plan network, will I still be able to see them. Again, we are encouraging all providers to be in each network. But, if there is a specific provider that you want to see that's not in a network, that is an out-of-network provider. And that provider is reimbursed at 90 percent. So, if that provider were to see you on an out-of-network basis, then yes, you could do that.

Um, there've been a couple questions about the uh the the DD pilot plan and we are working with some of the CDDOs, the CSPs from across the state to develop a plan. And I should take a step back. I'm sure whoever is asking this question realizes that the DD system will not be fully implemented into KanCare. The long term services and supports won't be part of KanCare for a year, but the other services through Kancaid, KanCare, the physical health, the mental health, the addiction services, those will be served through KanCare. The pilot project is for those providers that are willing to go ahead and step into a role for the long term services and supports and be part of the system. There is an RFI going out to all providers, or Request for Information, going out to all providers in August. Again, we will use that information that we get back from the CDDOs and CSPs to help shape what the pilot project would look like for the DD community going forward.

How often can a person be able to change insurance or MCOs if they are unhappy? You can change your plan annually. You can change providers inside the plan whenever you want. So, if you want to change your doctor and move to another doctor in your plan, you can do that at any time.

How is food assistance going to change? That's not going to change.

Um, I have a Medicare and Medicaid. I have Medicare and Medicaid. I never meet my spend down. Medicaid pays my Medicare Part B premium; will Medicaid continue to pay my Part B premium? There is no change. That will continue as it does today. So, the answer is yes.

Will a person be required to see a doctor to stay in the program? No.

Here's a good one. My mom is 92 and in about four to five months, she will run out of money. How will KanCare help her stay in her current assisted living facility? She will, most likely, be eligible to receive HCBS Home and Community Based Services through the FE the Frail and Elderly Waiver. It will be in the best interest of the MCOs. They will be highly motivated to work with her and keep her in an assisted

living facilities. That's considered to be in the community. That will be much preferred, to having her move into a nursing home which would cost more and probably not where she wants to be.
Is there a phone number to call to make sure certain services will be covered so that I am not left with extra costs? There is. It's on the brochure. It's 866-305-5147. But again, it's on the brochure. If you didn't pick one up when you came in today, there's some on the tables right outside the doors.

What happens if my current physician or various specialists are not on any of the plans? Again, the goal is to have all current providers on each of the three plans. Can certainly make no promises, but that's the goal. We're encouraging all providers to do that and encouraging all MCOs to sign up all current providers.

When will doctors and other providers join the different plans? That is already going on. Providers are signing up as we speak. And again, the goal is that all current Medicaid providers would sign up with all three plans.

Is the care coordinator role replacing the case manager for individuals on HCBS waivers? And, I understand what you're getting at with that question. It was asked with a couple of different forms. Case management and care coordinator are not exactly the same. Case management is much more narrowly focused than care coordinator. But, for case management, case management in the developmental disabilities system, through the CDDOs or the community service provider, that is, that is not going to change. That is not going to change during this first year and it won't change during the second year. That will not change. You will keep your case management from there. In all other community based systems, case management is going to be the primary responsibility of the health plans. I mean, that's going to be either directly or indirectly. And at this point, we're working with them on op, excuse me, operational details and exactly how this is going to work, but it will be the responsibility of the MCOs, either directly or indirectly, to provide case management services for all waivers other than the DD waiver.

Um, will we get complete information about what each plan offers, including value added services? Yes, you will. You'll receive when you're auto enrolled in a particular plan, you'll receive information in November about that particular plan. At the same time, you'll receive information about the other two plans. Um, then you can make your decision. You can change if you'd prefer to be in one of the other two plans. But, that information will be coming to you in November. You can change through December 31st, and then as Sec. Sullivan was saying earlier, once the uh, once KanCare is implemented January 1, you'll have another period you can make a change up until February 14th? February 14th.

Is dental care covered? How do I get dental care? Good question. For children, children have been eligible for preventive dental care. And that does not change. Um, each of the three MCOs, as one of their value added services, have said that they will cover preventive dental care for adults. So, no matter which plan you're enrolled with, you will have access to preventive dental care being a child or adult.

Um, again, someone's asking about KanCare. You're auto enrolled. You'll be able to change plans if you want to. And yearly again, you'll be able to change plans if that is your desire.

Will care managers be replacing case managers that DD adults now have? No. And the DD system, your case managers through the CDDO or CSP will remain the same.

How do I get help understanding the choices? For now, if there are any questions, again, the documents that are outside that you picked up have contact information for us so that you can shoot us an email, give us a call or go to the website. We are updating frequently asked questions. Those will be on the website, all the questions from tonight, the slides. All that will be on the website. But there is an email and a phone number and then again, when you get your information in November, there will be numbers you can call and ask questions as well.

What's required to receive mental health services? Um, that won't change from the way it is today. You would visit a community mental health center, be screened, plan of care would be written and we would go from there.

How can I get a healthy living plan? And healthy living plans are something, and I think I understand the question being asked, healthy living plan or something very similar to that, perhaps a different name, I believe are being offered as value added services by all three of the MCOs. You can just check out what's being offered by a particular MCO and choose that MCO, if that health living plan sounds good to you and sounds like it will meet your needs.

Why the delay in services for individuals with developmental delays? This is kind of fun because I can honestly say, we didn't want there to be a delay in services. Um, but um, that was the way we were dictated by the legislature. And the legislature was lobbied by the CDDOs and some of the other providers that they wanted a year delay in the implementation those being served um, with those with developmental delays.

Why can't, good question. Why can't I choose my child's KanCare company first? Well, right off the bat, by far, the easiest and most efficient way to do this is to auto enroll and then give each person, an adult for themselves or an adult with a child, the ability to sign up to the other two plans if that's what you choose. This is simply for the sake of efficiency and to make it as easy as possible.

What do I do if I have a problem? Who do I talk to? Again, some numbers on the information out here. There will be more numbers and more contact information in the mail, in the packets that you will receive in November.

Why is HealthWave going away? HealthWave is going away because KanCare is here. It doesn't really make sense. And I think we believe it will be confusing to have HealthWave and KanCare. The population that's currently being served by HealthWave will be totally served by KanCare; will have more options, better coordinated care.

What do you do, what do you do? I know Sec. Sullivan wants to answer this one in a few moments, so I'll leave it for him.

Okay, this, we've kind of touched on this, but I want to make sure I'm clear here. So, services for developmental disabled, for disabilities will not be covered unless they are part of a pilot program? Um, just to be clear. So, only those services that are considered long term supports and services will not be covered unless your CDDO or your CSP is part of the pilot program. But, any other physical health, mental health, addiction services will be served through KanCare. And will be covered.

I don't know. I think I've touched on all of that. Um, I know that Sec. Sullivan had a couple of questions that he wanted to address, so I will ask him if he would like to come up now.

Sec. Shawn Sullivan—Topeka
The first question I want to address is will KanCare decrease the waiting list for Home and Community Based Services. For those of you who don't know, there is a waiting list for physically disabled services and there's also secondly, a waiting list for intellectually and developmentally disabled services. Um, there's current program, current Medicaid challenges when you have 7.5 percent increase in spending or costs per year. It's very difficult to allocate the amount of money it will take to reduce, eliminate the waiting list. We believe, moving towards KanCare with the reduced growth, we're not cutting costs; we're reducing the growth per year in spending, gives us a better chance to allocate the money needed to reduce the waiting list for those two waivers. There are some pilots that have been proposed for those that are on the waiting list that are employment related that we're going to work on, we've asked for as part of the 1115 waiver, it's called the 1115 waiver in with the federal government. And those on the waiting list will continue to receive medical services as well, much like they do now.

Another, second question, what's the reason for having three companies or plans? Quick answer for that is just for choice. We wanted statewide coverage across the state and we wanted every person, whether it's an older adult or pregnant mom, they'll be able to choose plans. So, it was a matter of, is that choice too sufficient, four or five, you get more than three; you get into a problem where you have too many choices and then it becomes very confusing as to which one is best. And you start having a capacity problem as well managing that so, we felt like three was the best balance, particularly after talking to some other states.

Three, question three, what is managed care, or what will managed care do to save Kansas money? Has this saved any money for the managed care system that we're on now? So, as I mentioned earlier, we have mental and behavioral health services are currently within a managed care system or substance abuse is within a managed care system and our HealthWave has two managed care vendors. So, managed care does traditionally save or reduce the growth in costs. Managed care does not cut costs. Health care, as a rule, is going to continue to increase every year. But, we believe this is the best way, through better outcomes, through providing better services to move forward as compared to what we have now.

And then, what are the plans or how are you actually going to achieve better outcomes? What are some examples of those? Examples, quick examples are fewer ER visits, fewer hospitalizations, avoidable admissions. As I said earlier, we have a much, great opportunity to reduce the nursing facility utilization. Nursing homes are not part of the problem. We don't have a target on their back, but we do have an opportunity to reduce the utilization we have now and become much better than we are now and have the fifth or sixth highest utilization rate per capita in the country.

Two more, do care coordinators do home visits or is it just over the phone? It'll kind of be a combination deal, depending on what the need is and the circumstance, and the time and all that. Um, this will not be a call center type approach, where you're calling someone in Connecticut for your care coordinator. They will have a local presence. And the best way to serve is by doing that.

Who is going to win the Big 12 in football this year? (laughing) Not KU. (laughing) That really wasn't a question, but.

And then lastly, we had a four-day notice of this presentation, what will be some future ways to get education, communication out. So, this is just our first step in the process to, to. We have a number of

these. Eight town halls, or educational tours that are happening this week, four on the western part of the state, four on the eastern part of the state. In addition to these, we will be having, as Gary Haulmark mentioned earlier, we're going to be having some Department for Aging and Disability Services-specific meetings the last couple of weeks of August for some very specific type situations and population groups and waivers. And then we are having a second set of these in, I believe, 12 different locations September 10th, 11th and 12th, I believe are the dates for those. And those will be in 12 different locations and everybody will receive notice for those as well. And then we will have the last round of educational tours prior to the enrollment in November so, sometime in October. There will be a final round to be able to ask, answer and clarify any final questions prior to the last step of this change occurring.

Gary Haulmark—Leavenworth
19:36
We'll just start through these. Um, will everyone have a care coordinator, if not, what are the criteria? Care coordination is what this is all about. Um, the individual needs, the intensity needs will determine if everybody has a care coordinator. Not everyone will have a care coordinator. Not everyone will need, have the intensity of needs, that will need a care coordinator. But there will be care coordination. I'm going to keep talking and probably get myself in trouble, but I'm going to say. The care coordination is there and it makes sense to use when you have intense needs. You have lots of providers, lots of different docs that you need to see. If you're on, if you're a KanCare beneficiary, you're seeing one doc, the need for a care coordinator is not there. It's fairly simple.

Um, will the same providers be available on all three plans? Um, and there were several questions around this subject. We have encouraged all the MCOs to sign up each and every current Medicaid provider. We're encouraging each and every current Medicaid provider to sign up with all three MCOs. We're working it from both sides. And the plan is to have all three sign up all the current providers.

Um, question, where are the care coordinators come from? I think what someone is asking is where will the care coordinators be located at. And the plans, the MCOs intend to have care coordinators, as I understand it, in different locations around the state. So, they'll have folks that are more local. So, all the care coordination won't be coming out of Topeka or Johnson County or Wichita.

Will care coordinators, this is a good question, will care coordinators work with legal guardians of adults before attempting changes to ongoing care? And the answer is, we certainly will work with and the MCOs will work with legal guardians, and yes, is the answer.

Um, everyone is assigned a plan automatically then change possibly, how is the choice made initially? Okay. Um, again, you'll receive all, all. All current beneficiaries will receive packets in November. You will be auto enrolled. And you're auto enrolled through a fancy math calcu, calcutation, calculation called an algorithm. Basically what it boils down to is we're going to look and see which plan your primary care physician is in, which plan includes, if you have more than one, which plan includes the largest number of your current providers and that's the plan you're going to be auto enrolled in. um, so you'll get the packet in November. You're auto enrolled in A and you'll have information about B and C as well. And you can compare, "well, this is what I get A, this is what I have available in B and have available in C." And, you get to choose. You'll have up until December 31st to make that decision. Then, once KanCare is implemented on January 1, you'll have another chance to make that decision again, from January 1 to February 14th, you'll have a second bite of the apple to determine if you want to stay in the initial plan you were assigned to.

Um, annual case review. Someone said, “my child has not had an annual review that I’m aware of.” They should be getting annual reviews. Whoever asked this question, if you want to grab us at the end, I’m glad to visit with you.

Um, this kind of makes me laugh. But, it’s not funny. And I’m sorry that someone’s run into this. But when our local DCF-SRS office doesn’t return your call, is there somewhere else, someone else we can call with questions? Um, on the brochure you were handed tonight, you’ve got a phone, a website, please feel free to call that website and uh, and I’m sorry the office isn’t returning your calls. That’s not right.

Um, is the health home coordinator employed by the provider, MCOs state of Kansas? I think we’re talking about the care coordinator. The care coordinators will be employed by the plans, by the MCOs.

Is there an advocate that will help each beneficiary review the information, choose the plan? What I can tell you is that, again going back to the packet of information that you’ll receive in November, there are phone numbers, there are email addresses and websites that will be on there that you can go and get information and ask questions about each plan. You can also keep hold of the information that you’re getting tonight. Always call that number if you need to.

Will someone know if one of the other plans is better? Okay. Again, this goes back to the packets you’ll get in November. You’ll have an opportunity to ask questions, make phone calls, look at what’s being laid out. Again, you’re auto enrolled in A, but you’ll be able to see clearly what’s being offered in B and C, and can choose if, and can leave that initial plan if you choose to do so.

Will we be able to stay in our own home with home health care? Yes, I mean that that is absolutely the plan here. It’s in the best interest of the beneficiaries. It’s in the best interest of the state. It’s in the best interest of the MCOs for anyone who wants to and is capable of staying in their own home, to be in their own home. And, that’s the plan. I mean, I think Shawn mentioned, or Sec. Sullivan mentioned earlier, that we know there are far too many Kansans in nursing homes that are fully capable of being in their own homes with some assistance. And that’s where we want them. That’s where it makes sense for them to be. They’re happier, more productive. And it makes sense financially as well.

Do the plans replace Medicare D? No. Medicare is Medicare and this is Medicaid, so it does not replace Medicare Part D.

What if we can’t get all needs covered by one provider? That is the beauty of what we’re doing here and the beauty of the care coordinator. If you have intensive needs where you need more than one provider, then you will absolutely see more than one provider. It’s in your interest to stay healthy. It’s in the state’s interest to keep you healthy and certainly in the MCOs’ interest for you to be healthy. It’s in no one’s best interest for you to go into the hospital time and time again, for you to be readmitted to the hospital, for you to have expensive procedures. It’s in all of our best interest to provide care up front, when it’s needed, so you maintain a healthy lifestyle and can live happier, healthier productive lives.

Regarding mental health services, will peer support services at CMHCs be expanded so that more people can? We are absolutely in support of peer support services. I mean they, they make sense from a programmatic level. They make sense from a financial level. These are services we are promoting day in,

day out. You will see our staff in the state behind these types of services, promoting them. And in my conversations with the MCOs with the plans, they certainly see the value in these services as well.

I want to know if I have to change doctor with my son. Um, no. Again, we're encouraging the MCOs to sign up all the current Medicaid providers and encouraging those Medicaid providers to sign up with the MCOs. Um, I'll take a step back and tell you yearly, annually, yearly you'll be able to change your plan if you choose to do so. But once you're in a plan, you can change providers inside that plan whenever you feel like it. If you want to make a change of doctors, that will be something that you can do to another provider inside the plan if you choose to do so.

Are most providers on board with this? The answer is, the answer is yes. Um, just being real honest, um, we went through the legislative process with this idea. The vast number of providers were in support of KanCare and in support of what we're trying to do. And again, being honest, they had questions. We've worked to address those questions, are still addressing some of those questions, but their support remains solid, and that is the vast majority of providers. Some of you perhaps receive services, are on the developmental disability waiver. Our friends with the CDOs and some of the community service providers weren't as thrilled. They've received a year carve out if you will from KanCare, but uh, it's certainly our intent within this year to prove and show the merits of carving in all services, including long term supports and services. And so, I believe we'll soon see those services carved into KanCare as well.

Gary Haulmark—Fort Scott
29:52
One of our frequently asked questions, I'm going to read. This is on page three of the document you have. This came up, I am a Home and Community Based Services HCBS waiver, will my waiver services change? If you're on the DD waiver the KanCare health plan will not manage these services until January of 2014. All other HCBS waiver services will be managed by the KanCare health plan you choose or are assigned to. When your plan of care is due for review, there might be changes, but the health plan care manager will make sure you get the services you need. That's page three.

Uh, alright. Some really good questions. Will services be provided due to need or availability? Need is the answer. And we fully expect that the plans will have a full and comprehensive provider network. If a person in assisted living has Medicare and supplemental insurance that allows any doctors or hospitals, how will this person be affected by KanCare? There would be no impact. KanCare is Medicaid, so, it won't affect anything you can do on Medicare or with your supplemental insurance you may have.

What will be or when, where will case managers or care coordinators be located? And each of the MCOs will have staff around the state. And actually here at the end, I'll ask the MCOs to come up, if they would please and answer a couple of these questions, just in general. It won't be time for you to ask specific questions. but I'm going to ask them to answer a couple of questions that are better suited for them. And that will be one of them.

Will providers be paid less under KanCare? No, they won't be.

What is a health home? And we kind of talked about this earlier. Remember, health home is not a building or a place. It's not an actual structure. It is a model of care coordination. And again, not everyone will need a care coordinator. Or not everyone will need to be in a health home. By the end of the first year, the plan is that everybody that's enrolled in KanCare, that suffers from mental illness or diabetes, will be in a health home. And by the end of the second year, everybody that has complex

needs, that has a whole array of providers that you see, they will be in a health home. Because your care coordinator is going to help keep track of what your different providers are doing, keeping them in touch with one another. So, your pharmacist is aware of what say, a kidney specialist is doing, your nephrologist. We want to make sure that all of these providers that are in your universe, that if you're in this health home, they're communicating and you're staying in touch. So, that, that is really what a health home is.

Um, what are some of the extra services the plans might offer? We touched on that, but you know, things, preventive type care that might help keep you healthy, smoking cessation, gym memberships, weight loss surgery, bariatric surgery, preventive dental. There were questions around dental care. Everything that is available now on Medicaid will remain, as far dental. But the plans will also offer preventive dental services, exams, x-rays, cleanings for adults.

Are the three plans provided by insurance companies? Yes, the three MCOs are insurance companies.

When you call with questions, will you spend time on hold for a person? Um, your's ma'am? (laughing) Good question. The MCOs are required to have their call centers here in the state of Kansas. So, you'll certainly be able to understand the person you get on the phone as much as you understand anyone else from Kansas. I don't know if being from Johnson County, I have a funny accent or not. But, it'll be a Kansan and the call center will be in Kansas. I am quite certain that there is a possibility from time to time, you will have some sort of wait, depending on call volume. I just don't think there's any way around that. I'm sorry ma'am? (inaudible). Well, I suspect they will get through them quickly and get to you.

How do you? Is this your writing ma'am? It's very small, but it's very nice. How do you get specific info about each plan? Um, each plan, when you get your packet and you can go to the websites of the MCOs now. I suspect they're going to start laying it out. But, I know for sure, when you get your packet in November, remember you're going to be auto enrolled. So, you'll get a packet, this is the plan you've been enrolled with and these are the benefits, the value added services. But you'll get the same for the other two plans as well, so that you can compare all three. At that point, if you want to enroll in one of the other two plans, you can do so. You can do that from the time that you get the packet, first part of November until the end of December. And then you'll have that option again from January 1 to February 14th.

How does a person find out which doctors are in each plan? That is information that you can ask, you can ask your provider if you want to do that. Or each um, each MCO will have that information available. But we are encouraging each of the current providers to enroll with each plan and then we're working with the MCOs so that they in turn enroll each current provider in each plan. So, your provider should be in each of the three plans.

Will a care coordinator help? I see what you're getting at here. So, the care coordinator is going to be able to help a person by phone, there'll be face to face meetings if needed. Uh, for those that operate on email, there will be email. I'm sure there will be the old fashioned snail mail. Whatever the postal service looks like going into the future. If they stop Saturday delivers or whatever they need to do to fix it. And that's not my world. The postal service will be around and will continue to use snail mail as one of the options for communication.

Who employs case managers or care managers? And those will be employees of the plans, the MCOs.

He asks about procedures in the future. So, in the future, say it's March, April, May next year and someone qualifies for Medicaid, at the time they enroll they will be able to choose a um, uh, a plan they would like to be enrolled in. and then from that point, they have 45 days to think about their decision, to look at more information, to talk to their friends, whomever. And if they want to make a change, they can. And honestly, in that 45 days if they wanted to, I hope this doesn't happen a lot, but if they wanted to make two changes, they could. But that's how that would work.

Um, the question was asked, "I get 11 hours a week for attendant care, how will KanCare impact my service?" all services you're currently receiving will continue under KanCare. And you may benefit from additional value added services.

Um, if a person has Medicare must they also pick a KanCare plan? Yes, if they're also eligible for Medicaid.

What does a person who, if a person doesn't have a computer, how are they going to communicate with the MCOs? And again, the MCOs will communicate as needed, because that's the expectation. In person, by phone, by mail, by email, be text. Various ways of communicating, and it will be done.

Um, who provides transportation? Each MCO will contract with a transportation provider so that folks can have rides to their doctors and that type of thing.

What will the external quality review do? Simply, the things that the MCOs are required to do by the contracts, the quality review will measure those and allow us to judge how well the MCOs are living up to the contract.

If KanCare? Okay. And this is a good question. I haven't heard this one yet. So, if KanCare gets rewarded, so if the MCOs get rewarded for people not getting sick what keeps them from not reporting sick people to get more money? First off, the state will monitor and manage. The state doesn't walk away from this totally. So, our staff will monitor and manage the MCOs. We keep our hands in this. But it's not in the best interest of the MCOs or the state to let someone get sicker because that will then eventually cost more. And it's certainly not the way the system is designed.

How will this affect the waiting list skill or RCIO? As dollars are freed up over the years, as the cost curve bends. And again, it's not a dramatic drop in spending, but it's a drop over time, going from 7.4 percent of increase per year to 6.6 percent. That will give the administration, the governor more room to work with the legislature to address waiting lists in the future.

If anyone has a complaint regarding the MCO after or before the final days, what do we do? You've got the state. You can always contact the state. The information you have now, the number, the email. You can always contact us. Once the plan, once KanCare is implemented, there will be a formal grievance process that each MCO has, but you can always contact the state.

Working healthy will not be affected. Um, I've touched on that. Okay. If I could please, the question is what type of preventive services are covered under KanCare. So, I'm going to ask a representative from each MCO if you would, to come up and talk about the preventive or value added services that each of you will have. And, also if you would, just for a moment talk about your presence in Kansas for care,

excuse me, for care management. So, the folks representing United, Sunflower and Amerigroup will come up and I'll ask them to address that.

Nan Thayer Karsonis—Fort Scott
I'm Nan Thayer Karsonis. I'm from United Healthcare. And related to the question about preventative services, we have a value added service within United Healthcare, as part of KanCare, where if you go and get your annual physical or your child gets his annual screening or a biometric screening or an annual dental exam or vision exam, you will get a prepaid MasterCard with a balance, a credit balance on it of between $5 and $15. These are really designed to be incentives to get folks to go get the basic preventative care, um, in the program.

As far as locations, United Healthcare already does business in Kansas. We have about 2,000 employees in Kansas currently, and we'll add 300 additional employees with KanCare. And those employees, a bulk of which are care managers, and they will live in the communities alongside the members and the providers they work with. So, most of them will office out of their homes or other locations, but they'll live in places like Fort Scott, Pittsburg, Wichita, all those different areas.

Doris Gracia—Fort Scott
My name is Doris Gracia and I'm with Amerigroup. We're going to start with what are the preventive services Amerigroup will be offering. We're offering smoking sensation programs, Weight Watchers, adult preventive services along with teeth whitening. We're also offering GED prep, career development for people with DD, pest control…emergency transportation for caregivers, nonemergency transportation to community events. More information about this will be available as we approach the go live date.

As far as where we are going to be in Kansas, we lease office space in Overland and we will be setting up in the state of Kansas and will have satellite locations. We are in the process of hiring our care coordinators. We're in the midst of doing that, so more information will be forthcoming. Thank you.

Ken Cerneka—Fort Scott
I'm with Sunflower State Health Plan. With regard to preventive services, I think true for all of us, it's at the foundation of how we do business and going back to what the Commissioner said, it's in our best interest to keep people from getting sicker. And the way to do that is to encourage preventive services. So, along those lines, we also have a Centaccount card, where if you're getting your preventive services on the right schedule, at the right times, money's put into that account to spend for other health care services. So, that's a value added benefit. Of course, we are promoting and covering flu vaccinations, immunizations, annual well exams, even for folks with chronic conditions to get an annual behavioral health screening. Those are, these are all things that we promote through these incentive programs. And as an added value, we've included adult preventive dental.

Along the lines of the case managers, in our organization we call them care coordinators and they're a critical part of our integrated clinical teams which also have pharmacy experts and behavioral health experts and social workers and other folks that can help navigate getting access to care. And like everybody else, they'll be boots on the ground, which means they're out in the field, close to the doctors' offices, close to the members. They'll be all across the state. We have adequate information from the state to kind of tell us where everybody is. So, we're identifying where we're going to locate them, based on that information. Thank you.

Gary Haulmark—Fort Scott
Thank you Ken. We appreciate the three of you taking a couple of moments to visit with us. That is the end of our formal presentation. I'll be glad to stick around and some of our staff will be here. Please grab us if you have any further questions or if we can be of help.

Sec. Shawn Sullivan—Overland Park
46:55
What happens if your 1115 waiver with the feds are not approved by the contract start dates? So, what we'd like to do is start this January 2013. That's what we have planned for and what we're moving towards. To do that, we need a couple of waivers from CMS. We've been in very frequent conversations with them. We haven't heard anything to date that will cause us to believe that we still can't meet that January implementation date. Should we not get that approval, then we would have to revise that timeline or move down an alternative road.

Why is intellectual/developmentally disabled waiver being phased in and not the other waivers? To be honest, intellectual/developmentally disabled consumers and providers had the most concerns of any of the Medicaid stakeholders that are served through KanCare. They did a very good job with their advocacy efforts. As a result, we're delaying for a year, doing the pilots and moving forward with those.

Care coordinators. Who are they, what do they do, what's their case load, etc.? Care coordinators, again, are different from case managers. Case managers are strictly for the DD system, are those that by state law are employed or contracted through entities like JCDS or their affiliates, independent businesses. Care coordinator has much more the breadth of responsibilities. They are dealing with the entire system of medical, behavioral health, mental health as well.

There are no, this question came up a couple times. A very good question, requirements for the case load, how many people the care coordinators have. There are no requirements. What we set are the performance expectations, the outcomes and the pay for performance measurements that we have. And that's going to be a little different means to achieve that for each of the three, I would expect, for a multitude of, of things.

Will they work over the phone? Will they be out of state? Will they work in person? The care coordinators will be, will have a local presence and again, these are different than the case managers. The care coordinators will be local employees. And they will work by phone and in person, much of the way you would expect to be successful.

How will there be a safeguard that provides, that providers are paid in a reasonable and timely fashion. A strong reason why more dental care providers do not participate is current payments. So, there are provider payment requirements within our system, within KanCare. One of our performance measurements within the first year relates to provider payments on a timely basis. We have received additional appropriation in the last legislative session to expand our billing interface system to achieve consistency in working on that.

Will the DD/HCBS case manager continue indefinitely? Yes, that answer is yes. So, again, starting KanCare in January of 2013. If you are part of the pilot organization or not, if you choose to be part of the pilot site or not, you still have your local DD case manager. A year later, when the waiver is rolled into KanCare, you still have your DD case manager for your local organization. Sorry, developmentally disabled, intellectually disabled. Please shout anytime. We tend to get into this world of acronyms.

KanCare will start January 2013. For the people that cannot enroll before January 31st, the old Medicaid will still cover people until they enroll in KanCare? Yes it will.

What are the aging and disability resource centers that you mentioned? What will they do? And where will they be? We're currently in the contracting process for that. We have not awarded a contract, but we are or will be rewarding a contract to one organization and then that organization, whoever it will be, will have regional ADRC as well, throughout the state. They've had to demonstrate to us how they'll do this on a regional basis, as part of the Request for Proposal bidding process. And again, they'll deal with the frail elderly, nursing homes, physically disabled and traumatic brain injury populations. And they will do the functional eligibility, meaning you're eligible for Medicaid on the front end, not the financial part but the rest of it, yes, you're eligible, and then help that person or that family determine which plan is best for them or if there's a PACE program in that area, if the PACE program works for them.

Will care coordinators be able to override doctor's orders? No. I mean, there's this deal called medical necessity and there's a very defined medical necessity rule in our current managed care system that will continue into KanCare.

Will we be receiving information about HCBS meetings that are happening later this month and in September? Yes you will.

Will prescriptions still be the same on Part D, how will that change? Yes, that program will still, federal program will not change under KanCare.

(inaudible) Question is, is KanCare under the umbrella of the feds. It's a joint relationship. Every dollar that we spend on Medicaid or will in KanCare, Kansas pays 43 cents of that dollar, they pay the rest. Fifty-seven cents. So, because of that reason, we have to receive approvals. And we have a very detailed scope of services and plans with them. So, it's a state-federal relationship, where Medicare is pretty much all a federal program. (inaudible) Yeah, that's something that we're tracking very close, the question is, I'm guessing the percentage is the state pays, will it go up. I think that's what you're asking. I would say yeah, it probably will. So, there's a lot of people, including myself that think the federal government can't continue to spend what it is and particularly on some of our entitlement programs. Whether we like it or not. And probably, our Medicaid percentage will creep closer, what the state pays to 50 cents on every dollar.

Couple more. Are we going to be given some assistance to decide which plan to choose for 2013? Again, yes. Either through aging and disability resource centers or your mental health center. If you're on HealthWave or your loved one is, it will be through the current beneficiary hotline type program.

In what ways will you hold the providers responsible for health outcomes? So, we talked about some of the things that we are expecting to improve fewer nursing home, less nursing home utilization, fewer re-hospitalization, all those things, healthier outcomes. We're holding the three contractors, companies, through a number of reporting mechanisms and also pay for performance measures. They will then work with providers to help achieve those things.

Um, all I'm hearing is the benefits of this new program, what are the disadvantages? Very good point. This is change. There's no change that we could implement that's not going to, that's going to be

perfect. There will be bumps along the road. We have talked to as many states as possible about this to learn what worked well or what didn't in their state. And have planned for those. But this is a very large change. So, there will be some things that go wrong that we'll have to fix.

(inaudible) Man, you're beating me to the next question. How many other states have similar models? Depends on what group you're talking about. So, there are 50 states I think still. There are 10 or 12 states that have fairly robust sets of what we call Home and Community Based Services or long term services and supports within their managed care set up. There are many more states than that that are like us and have their HealthWave-type programs, kids benefits, pregnant moms within a managed care. There are many more states that have their mental and behavioral health within. So, most of the time we get asked that question, it's within the context of what we're expanding, how many states do this. And it's really 10 or so that do it. There are a number of states that have gone down this direction in the last couple of years. I think at last count, there are 14 or 15 states that are not doing it now, that are moving this direction in either 2013, 2014. Much of the incentives that we get, lot of grants from the federal government are incentivizing integrated care coordination. You don't have to do a managed care system to achieve that. Many states are. um, and it's what we're doing so.

Last one. Try to break down the situation here without giving specifics. Uh, okay I think I've already answered that. Yes, if you're on the intellectual/developmentally disabled waiver, you have your case manager with JCDS, you'll be able to keep your case manager with JCDS in 2013, and also in 2014 and beyond.

(from the audience) Do you envision that your case manager and your coordinator will work together? Yes they will. (inaudible) The care coordinator will help with the medical, physician services, mental behavioral health. They will help, once the DD services waiver is in, they will help both the case manager from say JCDS or the staff that are providing services every day be plugged into that person's care, and know "I should be looking for these three or four things, these symptoms for diabetes or for this mental health condition. And if this happens, I need to contact this care coordinator." So, that's really the intent of that. Specifically for the DD system, the care coordinator is not intended to duplicate what's being done today through the HCBS case manager. (from the audience) In theory. (Sec. Sullivan) In law. Alright. Thank you all for joining us. Again, we will be around afterwards for a few minutes if you have any lingering questions.